

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

April 6, 2018

Ms. Jeana Lavallee, Manager
Living Well Residence
1200 North Avenue
Burlington, VT 05408-1004

Dear Ms. Lavallee:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 20, 2018**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



PRINTED: 02/22/2018
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0543	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/20/2018
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LIVING WELL RESIDENCE

1200 NORTH AVENUE
BURLINGTON, VT 05408

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced, on-site investigation of 2 complaints was conducted by the Division of Licensing and Protection on 02/20/2018. A deficiency was identified and the specifics are detailed below.	R100		
R118 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.3 Discharge and Transfer Requirements 5.3.d A home must provide sufficient preparation and orientation to residents to ensure a safe and orderly transfer or discharge from the home. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews, the community care home failed to provide sufficient preparation and orientation to 1 of 3 sampled residents, (Resident # 2) to ensure a safe and orderly transfer from the home. The specifics are detailed below: Per medical record review, Resident # 2 was moved from the community care home by his/her family to another community care home. Resident # 2 had been living at the home since December 2016. The assessments indicate that his/her needs were exceeding what the home was able to provide and an alternate placement was being researched. The family was involved in this process. During interview, the staff reported that they had accompanied the family and resident to visit another home in September 2017 as a possible alternative placement. Staff report that they provided the potential receiving home with the face sheet for Resident # 2, the physician orders and nurses' notes at the time of	R118	In order to correct this deficiency, a discharge sheet will be adopted that will be used for all residents. This sheet will outline the discharge process and allow a place for the steps in the process to be tracked, as well as final discharge date. This discharge sheet will then be used for all discharges moving forward. This will be completed by March 5, 2018. Every resident chart will be reviewed within	3/5/18

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

LIM611

If continuation sheet 1 of 2

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0543	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/20/2018	
NAME OF PROVIDER OR SUPPLIER LIVING WELL RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 NORTH AVENUE BURLINGTON, VT 05408		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R118	Continued From page 1 this visit and were told that the waiting list was about 6 months. At the end of October the family of Resident # 2 called to inform the community care home that a bed had opened up and since they didn't want to lose the opportunity for the move, they would pick the resident up in 48 hours and take him/ her there. The medical record for Resident # 2 does not support any of this process, nor does it indicate that any follow-up was made by the sending home. Both the house manager and the nurse confirm during interview that there is no documentation to reflect any discharge planning and that the nurses notes are not complete.	R118	7 days of discharge to ensure discharge sheet is completed and placed in chart. R 118 POC accepted 4/5/18 G. Coleman RN / S. Remy, RD	